

Fifteen Minutes of Forethought

Baptist Memorial Hospital-Memphis Starts Each Day Accentuating Safety

As the landmark 1999 National Academies' report "To Err is Human" clearly underscored, anyone can make a mistake. Too often, however, those mistakes continue to be repeated unless a hospital finds a way to make safety a foundational part of the culture.

The leadership of Baptist Memorial Hospital in Memphis has long been dedicated to effectively addressing adverse events, and the recent addition of daily safety briefings has only served to emphasize and expand the facility's commitment to accountability.

Chief Nursing Officer Michelle Smith, RN, MSN, who joined Baptist Memphis at the end of 2015, brought the morning briefings to her new job in Memphis from her previous role as Chief Clinical Officer at Memorial Hospital in Colorado Springs. With more than 30 years of nursing experience, she noted, "The more you do this, you see it takes a village to create a safe, quality experience for patients."

At Baptist Memphis, the village starts with CEO Dana Dye, who has been a very visible part of the process, and includes nurses, physicians, therapists, case managers, security personnel and transportation staff. "We started these briefings in January 2016, and there are about 150 people in the room with us now," Smith added of the standing 8:30 a.m. meeting she and Dye lead each weekday.

From her previous experience, Smith knew that just 15 minutes of focusing on safety and best practices could have remarkable results over the following 24 hours.

Each morning as staff members file into the hospital's wellness center, all eyes go to the large whiteboard at the front of the room. Will it show a big zero, or will there be an adverse incident to discuss? Currently, the sessions hone in on falls, Central Line-Associated Bloodstream Infections (CLABSI), and Catheter-Associated Urinary Tract Infections (CAUTI).

"We really focus on what happened the day before," Smith explained. "For example, if there was a fall, a nurse manager has to stand up and explain what happened and figure out how to avoid falls in the future. There are best practices out there. Did we do all of them? If not, what were the barriers? People have to be very transparent and be willing to talk about it."

Smith was quick to add, "This is a supportive environment so it's safe to be transparent." The focus, she continued, isn't on blame but on improving decision-making and drilling down to see where there was a lapse to avoid those mistakes in the future. "Highly reliable organizations don't have a tolerance for failure," she said. "They know things will happen, but they are going to be resilient and immediately make it better."

She also noted the immediacy of the discussions serves to humanize adverse events. Rather than looking back at de-identified data from the past year, caregivers are addressing issues impacting patients still admitted to the

hospital. "Instead of it becoming a metric ... it's a person," she said of improving care in the here and now.

In addition to tackling adverse events head on, the team also focuses on success stories. "We start out by celebrating what went well the day before," Smith explained. "We really celebrate that we've gone a day longer and nothing happened ... a day longer and nothing happened ... and suddenly, it's weeks and months. Every day you go without something happening, it's amaz-

ing what that does to the numbers at the end of the year."

She added colleagues get really competitive about what their units are doing well. "Someone will shout out, 'I haven't had a fall in 59 days,' and another will call out, 'I haven't had one in 74 days,'" Smith noted with a laugh. "It makes everyone feel like there is this collective momentum moving us forward."

She continued, "We are changing our culture to think about things differently." And it's clearly working. Smith said Baptist Memphis has reduced the number of patients with a urinary catheter by 45 percent – no catheter, no CAUTI. Now, on any given day, less than 15 percent of patients are catheterized. Similarly,

CLABSI incidents and the number of falls are also on a downward trend.

The meetings, which are open to all, are recapped in a flyer distributed to those who weren't able to attend. Smith said the inclusiveness of the daily briefings is critical.

A recent incident really underscored that lesson for her. A security officer, who regularly attends the morning meetings, saw a woman who seemed to be having difficulty on the edge of her bed. Remembering from the safety briefings that patients trying to stand on their own is considered a 'risky behavior' and that falls are more apt to happen when someone is sitting on the side of the bed, the officer quickly stepped in to offer to help the woman into a chair or back into bed.

"That gives me goose bumps," Smith said. "This whole process really changes behavior and thinking over time," Smith said. The mindset, she continued, ceases to be: 'Things happen.' Instead, it becomes: 'Things shouldn't happen. Why did it happen? And how can I help it not happen again?'

Everyone plays a part in creating a culture of safety ... and it all starts with just 15 minutes of forethought.



Baptist Memphis celebrates victories, as well as addresses concerns, during the popular morning safety briefings.

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.